

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)**


<b>NAME:</b> XTO ENERGY, INC
<b>ADDRESS:</b> 52260 WIK RD KENAI, AK 99611
<b>FACILITY:</b> EAST FORELANDS
<b>LOCATION:</b> 60° 31' 10" N; 151° 20' 31" W

(2-16)	(17-19)
AKG 31 5003	015
PERMIT NUMBER	DISCHARGE NUMBER

<input type="checkbox"/>	CHECK HERE IF NO DISCHARGE
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MONITORING PERIOD							
FROM	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2008	6	1		2008	6	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		Average (54-61)	Maximum (54-61)	Units (46-53)	Minimum (38-45)	Average (46-53)	Maximum (54-61)	Units			
015 - Produced Water FLOW	Sample Measurement	0.0721714	0.122934	MGD	***	***	***	***	0	Weekly	Estimate
	Permit Requirement	---	---		---	---	---		---	Weekly	Estimate
015 - Produced Water PRODUCED SAND	Sample Measurement	***	***	***	No discharge	No discharge	No discharge	***	0	***	***
	Permit Requirement	---	---		No discharge	No discharge	No discharge		---	---	---
015 - Produced Water OIL & GREASE	Sample Measurement	***	***	***	***	12.725	16	mg/l	0	Weekly	Grab
	Permit Requirement	---	---		---	29	42		---	Weekly	Grab
015 - Produced Water pH	Sample Measurement	***	***	***	7.4	***	7.6	SU	0	Monthly	Grab
	Permit Requirement	---	---		6	---	9		---	Monthly	Grab
015 - Produced Water TAH	Sample Measurement	***	***	***	***	14.344	14.344	mg/l	0	Monthly	Grab
	Permit Requirement	---	---		---	24	32		---	Monthly	Grab
015 - Produced Water TAqH	Sample Measurement	***	***	***	***	14.514	14.514	mg/l	0	Monthly	Grab
	Permit Requirement	---	---		---	Report	Report		---	Monthly	Grab
015 - Produced Water TOTAL AMMONIA	Sample Measurement	***	***	***	5.1	5.1	5.1	mg/l	0	Quarterly	Grab
	Permit Requirement	---	---		Report	---	Report		---	Quarterly	Grab

NAME TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Signature	Telephone	Date (YR/MO/DAY)
			907 776-2510	7/14/2008

**COMMENTS & EXPLANATION OF ANY VIOLATIONS:** 2nd quarter WET testing results shown. Tests completed April-08. \*\*Additional 2nd Quarter Amonia sample taken 6/03/08 for quality control - Reported on this DMR

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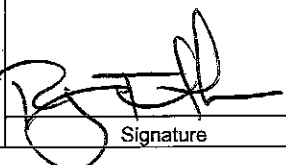
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		Average	Maximum	Units	Minimum	Average	Maximum	Units			
015 - Produced Water WET -	Sample Measurement	***	***	***	***	***	***	Tuc	0	Quarterly	Grab
	Permit Requirement	***	***		***	1209	2425		***	Quarterly	Grab
015 - Produced Water	Sample Measurement										
	Permit Requirement										
015 - Produced Water	Sample Measurement										
	Permit Requirement										
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